

DEPARTMENT OF HEALTH AND FAMILY SERVICESDivision of Children and Family Services
CFS-459 (Rev. 12/2000)

STATE OF WISCONSIN

**ADOPTION OF CHILDREN WITH SPECIAL NEEDS
ONE TIME EXPENSE REIMBURSEMENT**

Use of form: Completion of this form is voluntary; however, completing it will help determine eligibility for reimbursement, and will provide assistance in obtaining reimbursement of certain one time adoption expenses. Personally identifiable information will be used only for that purpose.

Instructions: List adoption related expenses that you believe qualify for reimbursement and attach the documentation requested. (If more space is needed, use separate sheet.) Requests for one time reimbursement must be submitted within two years after the date of adoption. Each child must be a special needs child and have a signed adoption agreement on file with the Department of Health and Family Services. If you claim these expenses on your state and federal tax forms, we cannot reimburse the expense. Adoptive families are expected to use good judgement in incurring pre-adoptive expenses. Only expenses which are necessary pre-adoption costs can be reimbursed. Reimbursement claims must be reasonable, actual and necessary. Additional instructions are listed on page five.

Upon completion, sign and date the form and return to: One Time Adoption Expense Reimbursement
Division of Children and Family Services
Bureau of Programs and Policies - Financial Management
P.O. Box 8916
Madison, WI 53708

I. PARENT / CHILD(REN) INFORMATION

Name - Adoptive Parent 1 (Last, First, MI)		Name - Adoptive Parent 2 (Last, First, MI)	
Mailing Address		City	State Zip Code
Telephone Number - Home	Telephone Number - Work	Best Time to Contact Adoptive Parent 1 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Adoptive Parent 2 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
Name - Adopted Child (Last, First, MI)		Date - Legal Adoption (mm / dd / yyyy)	
Name - Adopted Child (Last, First, MI)		Date - Legal Adoption (mm / dd / yyyy)	
Name - Adopted Child (Last, First, MI)		Date - Legal Adoption (mm / dd / yyyy)	

II. EXPENSES INCURRED

Expense	Amount	Expense	Amount
Attorney Original itemized bill on letterhead - Attach copy.	\$	New Birth Certificate Fill in the amount paid for the birth certificate. If obtained from a state other than WI, attach copy of receipt or cancelled check.	\$
Adoption Agency Services Original itemized bill on letterhead - Attach copy.	\$	Court Fees Original itemized bill - Attach copy.	\$

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II. EXPENSES INCURRED (continued)

Expense	Amount	Expense	Amount
Medical Exam for Adoptive Family - If required. Original itemized bill - Attach copy.	\$	Long Distance Telephone Charges(s) Original itemized bill - Attach copy.	\$
Lodging - One room only Original itemized bill - Attach copy.	\$	Purpose of Calls - Specify.	
Number of persons overnight - _____ Relationship of above - Specify.		Miscellaneous Expense Requested by Social Worker - Specify.	\$

III. MILEAGE AND MEAL EXPENSES (If you need more trip entries, attach additional copies of pages 3 / 4.)**TRIP 1**

Date of Trip	Purpose
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Travel Itinerary

From	To	Time - Departure <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time - Arrival <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Mileage - Roundtrip
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Additional Mileage - Document any side trips, including their purpose, made within the one round trip.

Meal Expenses

Meal	Total Cost	Family Members Who Ate Meals - Check all that apply.		
Breakfast	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Lunch	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Dinner	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child

TRIP 2

Date of Trip	Purpose
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Travel Itinerary

From	To	Time - Departure <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time - Arrival <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Mileage - Roundtrip
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Additional Mileage - Document any side trips, including their purpose, made within the one round trip.

Meal Expenses

Meal	Total Cost	Family Members Who Ate Meals - Check all that apply.		
Breakfast	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Lunch	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Dinner	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child

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TRIP 3

Date of Trip	Purpose
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Travel Itinerary

From	To	Time - Departure <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time - Arrival <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Mileage - Roundtrip
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Additional Mileage - Document any side trips, including their purpose, made within the one round trip.

Meal Expenses

Meal	Total Cost	Family Members Who Ate Meals - Check all that apply.		
Breakfast	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Lunch	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Dinner	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child

TRIP 4

Date of Trip	Purpose
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Travel Itinerary

From	To	Time - Departure <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time - Arrival <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Mileage - Roundtrip
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Additional Mileage - Document any side trips, including their purpose, made within the one round trip.

Meal Expenses

Meal	Total Cost	Family Members Who Ate Meals - Check all that apply.		
Breakfast	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Lunch	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Dinner	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child

TRIP 5

Date of Trip	Purpose
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Travel Itinerary

From	To	Time - Departure <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time - Arrival <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Mileage - Roundtrip
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Additional Mileage - Document any side trips, including their purpose, made within the one round trip.

Meal Expenses

Meal	Total Cost	Family Members Who Ate Meals - Check all that apply.		
Breakfast	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Lunch	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Dinner	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child

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TRIP 6

Date of Trip	Purpose
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Travel Itinerary

From	To	Time - Departure <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time - Arrival <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Mileage - Roundtrip
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Additional Mileage - Document any side trips, including their purpose, made within the one round trip.

Meal Expenses

Meal	Total Cost	Family Members Who Ate Meals - Check all that apply.		
Breakfast	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Lunch	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Dinner	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child

TRIP 7

Date of Trip	Purpose
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Travel Itinerary

From	To	Time - Departure <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time - Arrival <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Mileage - Roundtrip
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Additional Mileage - Document any side trips, including their purpose, made within the one round trip.

Meal Expenses

Meal	Total Cost	Family Members Who Ate Meals - Check all that apply.		
Breakfast	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Lunch	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Dinner	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child

TRIP 8

Date of Trip	Purpose
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Travel Itinerary

From	To	Time - Departure <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time - Arrival <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Mileage - Roundtrip
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Additional Mileage - Document any side trips, including their purpose, made within the one round trip.

Meal Expenses

Meal	Total Cost	Family Members Who Ate Meals - Check all that apply.		
Breakfast	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Lunch	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child
Dinner	\$	<input type="checkbox"/> Adoptive Mother	<input type="checkbox"/> Adoptive Father	<input type="checkbox"/> Adoptive Child

IV. SIGNATURES

I verify that the expenses listed above, and on any additional pages, are reasonable and necessary adoption costs which are directly related to the legal adoption of the above named child with special needs. The reported expenses were incurred by the adoptive parent(s) and are not in violation of state or federal law. No reimbursement has been made from other sources or funds.

SIGNATURE - Adoptive Parent 1

Date Signed

SIGNATURE - Adoptive Parent 2

Date Signed

Additional Comments

ADDITIONAL INSTRUCTIONS**EXPENSES**

Attorney Fee. Provide original itemized bill on letterhead showing only the costs related to the special needs adoption.

Adoption Agency Fee. Provide a copy of the original itemized bill on letterhead from the adoption agency.

Medical Examinations If Required. Send copy of the original itemized bill showing only expenses related to the one time adoption exam. Make sure the provider's name and address is on the bill. Make sure the name for each person that is having an exam is listed on a separate bill. Have the provider show that it has been submitted to your insurance provider and show the amount that has been applied to your bill on the statement. If you have a deductible, show the amount applied to the deductible; the amount remaining to be paid; and any provider discounts.

Lodging Expense If Necessary. If a lodging expense is incurred, submit the original motel folio showing the number of people. We can reimburse up to the state rate which is \$52 a night per person, plus applicable sales tax for the adoptive mother, adoptive father, and the to be adopted children (if there is a charge for children). Reimbursement can be made for only one motel room. Reimbursement cannot be made for movies, telephone calls, game rentals or snacks delivered to the room.

Birth Certificate. If you incur expenses obtaining birth certificate(s) from outside Wisconsin, enclose a copy of original receipt or cancelled check(s).

Court Fees. Enclose a copy of the original receipt from the court. If the charge is \$10.00 or less, you may submit a copy of your check.

Long Distance Telephone Charges. Enclose a copy of your original telephone bill itemizing the charges. Add a note indicating the parties you contacted and the reason for contacting them. Highlight each phone call you are claiming.

Miscellaneous Related Expenses. Costs for registration fees for adoption related classes must include a copy of the original receipt or copy of the front and back of the cancelled check along with documentation showing the name and date of the class. We cannot reimburse for the following:

- alcohol or alcohol related beverages
- lost or stolen items
- lost wages or lost and stolen items
- cancellation charges or late checkout charges at motels
- personal items
- clothing
- furniture
- fines
- repairs
- towing
- child care and child medical expenses
- photographs and related expenses

MILEAGE AND MEALS

Show the starting point and the destination for your trip that was related to this special needs adoption. Write a brief explanation of the trip, including the time you left and the time you returned. Explain why any additional mileage was necessary and document the additional trips made within the one round trip. Reimbursement will be made at the current state rate of 29¢ per mile.

Meal expense for the adoptive mother, adoptive father, and the children being adopted is reimbursable. The trip departure and return times and the meal cost, including the tip, are subject to state guidelines. Additional snacks, fitting within the meal guidelines, are considered part of the meal expense for the day. For meal reimbursement the adoptive parent must leave home and return home within the following times: Breakfast - leave before 6:00 A.M. and return after 10:30 A.M.; lunch - leave before 10:30 A.M. and return after 2:30 P.M.; dinner - leave before 3:00 P.M. and return after 7:00 P.M. Maximum amounts of meal reimbursement, per person, are: breakfast, \$7.00; lunch, \$8.00; dinner, \$16.00; and bag lunch, \$4.00.

SIGNATURE

Be sure to sign and date the form. By doing so, you are verifying that your expenses are related to the one time special needs adoption.